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CONFIRMATION NO. 5416

|   |   |                                   |   |  |                                |
|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/509,309  | <b>FILING OR 371(c) DATE</b><br>09/27/2004<br><b>RULE</b>   | <b>CLASS</b><br>343               | <b>GROUP ART UNIT</b><br>2821   | <b>ATTORNEY DOCKET NO.</b><br>CR00558P |                                |
| <b>APPLICANTS</b><br>Sandrine Vialle, Gif-Sur-Yvette, FRANCE;<br>Nicholas Whinnett, Gif-Sur-Yvette, FRANCE;<br>Soodesh Buljore, Gif-Sur-Yvette, FRANCE;   |   |                                   |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/04184 04/18/2003 LN  |   |                                   |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 02291093.9 04/30/2002 LN   |   |                                   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance LN<br>Verified and Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>19              | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>22917   |   |                                   |   |  |                                |
| <b>TITLE</b><br>Wireless transmission using an adaptive transmit antenna array  |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1050  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |